

CLAIMS ONLY	Application Number <div style="font-size: 1.5em; font-family: cursive;">10/815465</div>	Filing Date
Applicant(s) 		

May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	4						
Total Depend	27						
Total Claims	31						
Total Indep							
Total Depend							
Total Claims							